Volunteer Application & Agreement Form

Name:	Pł	Phone (H)			
Address:	Pr	Phone (C)			
	Da	ate of Birth:			
*Name of Parent or Gu	ardian if under 18 years:				
Email:					
Company or Volunteer	Group Name:				
If student, name of scho	ool/organization:				
Since your 18th birthda vehicle laws?	y, have you ever been convicted c	of a crime – excluding violations of the motor			
□ Yes □ No					
If so, set forth the natur	e of the crime, including the date a	and location of the conviction:			
Areas of Interest					
□ First Fridays □ Summer Movies □ BBQ Bash □ Office Support □ Other					
Emergency Contact Ir	formation				
Name #1	(Phone: Indicate Home, Work or	Cell) (Relationship)			
Name #2	(Phone: Indicate Home, Work or	Cell) (Relationship)			



Photo Release

I consent to and authorize the use and reproduction by Bel Air Downtown Alliance, Inc. of any and all photographs and any other audio-visual materials taken of me while volunteering for promotional, educational, social media marketing, or any other use for the benefit of the Alliance.

Signature:	 Date: _	
Parent or Guardian: _	 Date: _	

(If under 18 years of age)

Volunteer Agreement and Release from Liability

- As a volunteer for the Bel Air Downtown Alliance, Inc. I agree to work during my scheduled time as agreed. I understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service. The Bel Air Downtown Alliance, Inc. may terminate this agreement at any time without prior notice for any reason.
- I am aware that participation as a volunteer may require periods of standing, lifting and carrying objects or items (i.e. tables/chairs) and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
- 3. As consideration for volunteering for the Bel Air Downtown Alliance, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the Bel Air Downtown Alliance, Inc. or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Bel Air Downtown Alliance, Inc. as a result of my volunteering. I agree that this release is as broad and inclusive as permitted by the laws of the State of Maryland. I hereby release and discharge Bel Air Downtown Alliance and its officers, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my participation as a volunteer.
- 4. I understand that if I am injured in the course of my volunteer time, I am not covered by Bel Air Downtown Alliance's workers' compensation program. I authorize Bel Air Downtown Alliance to seek emergency medical treatment including x-ray, surgery, hospitalization and medication on my behalf in the case of injury, accident or illness arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.



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- 5. I understand that the materials and tools provided by Bel Air Downtown Alliance, Inc. are and remain the property of the Bel Air Downtown Alliance, and I agree to return these tools and any remaining materials to Bel Air Downtown Alliance at the end of my volunteer service. I agree that Bel Air Downtown Alliance, Inc. is not liable for any damage to my resulting from volunteer service for the Bel Air Downtown Alliance, Inc.
- 6. I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. If accepted, I agree to attend a volunteer orientation either at an orientation meeting or an onsite orientation to perform my volunteer service.
- 7. I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I hereby acknowledge that I have been provided with an opportunity to consult with legal counsel regarding this Release of Liability Form and have not relied on any representations or statements of Bel Air Downtown Alliance, Inc. and its subsidiaries and affiliates and their respective agents, employees, officers, directors, shareholders, volunteers, personal representatives, successors, and assigns with respect to the subject matter of this Release of Liability Form.

Date

Volunteer Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date

Parent or Guardian Signature (If under 18 years of age)

Printed Name

